

CITY OF MUSKEGON
RENAISSANCE ZONE CERTIFICATION APPLICATION
RESIDENTIAL
Tax Year 2009

Name (PLEASE PRINT): _____

Mailing Address: _____

Street address

City

State

Zip

Renaissance Zone address (if different from mailing address) _____

Phone Number: _____

Social Security No.: _____

Employer's Name: _____

Employer's Address: _____

Employer's Federal ID Number: _____

1. Are you the owner or tenant of the above Renaissance Zone property? (circle one) Owner Tenant

2. If you are the tenant, complete the following:

Landlord's Name: _____

Landlord's Address: _____

Term of Lease _____

3. Date you established Renaissance Zone Address: _____

4. Are you delinquent in filing a tax return for or paying any State or City income tax for any year? Yes No

5. Are you currently delinquent in paying any State, City, County, or School property tax, fees, or special assessments for any year? Yes No

6. Are you currently delinquent in filing or paying any Michigan Single Business Tax for any year? Yes No

Please note that any delinquent taxes/accounts with the City of Muskegon may result in the denial of your Renaissance Zone application

Waiver of Confidentiality and Consent to Disclosure

Claimant attests under penalty of perjury that the information provided in this statement is true. Claimant understands and agrees that the information within this Statement is submitted voluntarily, for the purposes of obtaining tax relief under the Michigan Renaissance Zone Act, P.A. 376 of 1996. Claimant further understands and agrees that in order to determine whether Claimant qualifies for the tax relief provided under Act 376, it will be necessary to disclose the information provided within this Statement to various entities, including but not limited to: the State of Michigan, the City of Muskegon, the County of Muskegon, and to other agencies as necessary. Claimant hereby waives any right to confidentiality provided under any laws, and hereby consents to the disclosure of any information provided within this Statement, including but not limited to: Claimant's name, address, telephone number, social security number, federal identification number, personal property numbers and other information contained herein to the extent necessary to administer the provisions of Act 376. Claimant understands and agrees to continue to satisfy the requirements of Act 376 in order to maintain eligibility under Act 376 for tax relief. Claimant agrees to notify the City of Muskegon forthwith if it loses eligibility status for tax relief under Act 376. Claimant understands that information contained herein is subject to the Freedom of Information Act.

Certification: I do hereby certify that the information contained above is true and accurate to the best of my knowledge.

Claimant's Signature

Date

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|----------------------|---|----------------------------|------------------------------------|
| <u>Status</u> | <u>City of Muskegon</u> IT TO ZP PS EG | <u>County of Muskegon</u> | <u>State of Michigan</u> IT SBT |
| Compliance | | | |
| Non-Compliance | | | |
| Muskegon Income Tax | Muskegon Treasury | Muskegon Planning & Zoning | Muskegon Public Safety |
| Muskegon Engineering | County of Muskegon | State of Michigan | |

Date _____

City of Muskegon Planning Dept.
933 Terrace Street
P.O. Box 536
Muskegon, MI 49443